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**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
SOUTHERN DIVISION**

12 AFROUZ NIKMANESH, ELVIS
13 ATENCIO, ANNA NGUYEN, AND
14 EFFIE SPÉNTZOS, on behalf of
themselves, the general public, and
all others similarly situated,

Case No. 8:15-cv-00202 AG-JCG

**DECLARATION OF AFROUZ
NIKMANESH IN SUPPORT OF
PLAINTIFFS' MOTION FOR
CONDITIONAL CERTIFICATION
AND CIRCULATION OF NOTICE**

Plaintiff,

7
8
9 vs.
WAL-MART STORES, INC., a
Delaware corporation, and WAL-
MART ASSOCIATES, INC., a
Delaware corporation, and DOES 1
through 10, inclusive.

Defendants.

I, Afrouz Nikmanesh, hereby declare:

3 1. I am one of the Plaintiffs in the above entitled action and I have personal
4 knowledge of the facts set forth hereinbelow. If called upon as a witness, I could and
5 would competently testify thereto.

6 2. I was employed by Defendants (collectively "Wal-Mart") as a Pharmacist, in
7 the State of California, from on or about November 3, 2003 to on or about September 24,
8 2014. I am currently employed by the California State Board of Pharmacy, with the

1 responsibility to inspect and investigate Pharmacies throughout California in order to
2 ensure that they are complying with all federal and state laws and regulations pertaining
3 to the operations of Pharmacies.

4 3. From in or about November 2003 to in or about June 2004, I was assigned to
5 Wal-Mart Store 2517 located in Santa Ana, California, and I had the job title of Pharmacy
6 Manager. From in or about June 2004 to in or about October 2004, I was assigned to
7 Wal-Mart Store 2206 located in Laguna Hills, California, and I had the job title of
8 Pharmacy Manager. From in or about October 2004 to in or about May 2006, I was a
9 Floater assigned to various Wal-Mart stores located mainly in Bakersfield, Visalia,
10 Tulare, Hanford, and Selma, California. From in or about May 2006 to in or about
11 November 2008, I was assigned to Wal-Mart Store 1692 located in Colton, California,
12 and I had the job title of Pharmacy Manager. From in or about January 2009 to in or
13 about April 2010, I was a Floater assigned to numerous Wal-Mart stores located in the
14 Inland Empire region of California. From in or about April 2010 to in or about September
15 2010, I was assigned to Wal-Mart Store 1826 located in Rialto, California, and I had the
16 job title of Pharmacy Manager. From in or about September 2010 to in or about August
17 2012, I was assigned to Wal-Mart Store 2886 located in Pico Rivera, California, and I had
18 the job title of Staff Pharmacist. From in or about August 2012 to in or about November
19 2012, I was assigned to Wal-Mart Store 2636 located in Huntington Beach, California,
20 and I had the job title of Staff Pharmacist. From in or about November 2012 to on or
21 about September 24, 2014, I was assigned to Wal-Mart Store 5687 located in Irvine,
22 California, and I had the job title of Pharmacy Manager.

23 4. During my entire employment with Wal-Mart, I was paid on an hourly basis
24 and classified by Wal-Mart as a nonexempt employee.

25 5. On or about December 12, 2014, I completed the APhA Immunization
26 Certification Course (the “Training Course”). The Training Course consisted of a self-
27 study portion, two test portions, and a live classroom portion. The self-study (commonly
28 referred to as the “home study”) portion and the test portions are taken at home. The self

1 study and first test are taken prior to and as a condition of, the live classroom portion.
2 You have to complete the home study and test portions of the Training Course, as well
3 as the live classroom portion, in order to become immunization certified. In an email I
4 received from Pam Piotrowski, Senior Director, Quality Improvement for Wal-Mart, it
5 was confirmed that the online self-study program and exam are required to be completed
6 before attending the live classroom program. A copy of said e-mail will be filed
7 concurrently herewith, under seal, as Exhibit 1, and by reference thereto is incorporated
8 herein. In addition, the Forward to the Training Course (the "Forward") states that in
9 order to complete the Training Course and earn a Certificate of Achievement to become
10 Immunization Certified, the participant must complete all components of the Training
11 Course, including, the self-study and test portions (which is referred to as the "self-study
12 assessment"). A copy of the pertinent page of the Forward from the APhA Training
13 Course is attached hereto, marked Exhibit 2 and by reference thereto incorporated herein.

14 6. Furthermore in an email from Vivian Nguyen ("Nguyen"), an IMZ Coordinator
15 for Wal-Mart, to myself and approximately 15 other Pharmacists, Nguyen reminds us that
16 in order to attend the live classroom training we must bring with us the Certificate of
17 Completion of the self-study portion of the Training Course. A copy of said email is
18 attached hereto, marked Exhibit 3 and by reference thereto incorporated herein.

19 7. I took the home study and test portions of the Training Course between on or
20 about December 9, 2013 and on or about December 12, 2013. The time I spent taking the
21 home study and test portions of the Training Course were done outside of my regularly
22 scheduled shift. I estimate that it took me approximately 12 to 14 hours to complete the
23 self-study and test portions of the Training Course. I did not get paid for any of the hours
24 that I spent taking the home study and test portions of the Training Course.

25 8. During the pay period in which I took the home study and test portions of the
26 Training Course, I estimate that I worked approximately 12 - 14 hours of overtime,
27 working off the clock, taking the home study and test portions of the Training Course, for
28 which I did not receive any overtime pay or any compensation whatsoever. Wal-Mart

1 did, however, pay for the cost of the Training Course itself, as well as pay me for the time
2 spent in the live classroom portion of the Training Course.

3 9. The Training Course was required by Wal-Mart in order to become certified
4 to administer immunizations. A Pharmacist cannot administer immunizations without
5 such immunization certification. Giving immunizations (or “shots”) is directly related to
6 the job of Pharmacist for Wal-Mart, whether the Pharmacist has the title of Pharmacy
7 Manager, Staff Pharmacist, or Floater. A copy of the Pharmacist Immunization Training
8 Central resource provided by Wal-Mart to its Pharmacists provides that every Pharmacist
9 immunizer must complete a 20-hour accredited training program and Wal-Mart has
10 chosen the APhA Training Course as the accredited program its Pharmacists must take.
11 In addition, the Pharmacist Immunization Training Central resource also notes that the
12 APhA Training Course consists of four components, including a self-study module
13 completion, two self-study assessment exams (that is the test portions) and the live
14 classroom portion with technique assessment. A copy of the pertinent page of the
15 Pharmacist Immunization Training Central resource will be filed concurrently herewith,
16 under seal, as Exhibit 4, and by reference thereto is incorporated herein.

17 10. Wal-Mart now requires that its Pharmacists be Immunization Certified. In an
18 email from my former supervisor, Maryann Dabney (“Dabney”), who is a Wal-Mart
19 District Manager, a copy of which is attached hereto as Exhibit 5 and by reference thereto
20 incorporated herein, Dabney specifically states that as of February 2015, Wal-Mart will
21 only hire Pharmacists who are IMZ (i.e., immunization) certified. Dabney goes on to
22 state in that email that the goal of Wal-Mart is to have 2 immunizing Pharmacists per
23 store, and Wal-Mart is “encouraging” its Pharmacists to take the Training Course.

24 11. Wal-Mart’s Pharmacist Administrative Immunization Delivery (“PAID”) Tool
25 Kit which was provided to me through Wal-Mart’s WIRE system (which is Wal-Mart’s
26 internal online intranet) gives an overview of the guidelines and the standard operating
27 procedures for its Pharmacists to administer immunizations to a patient, and references
28 that its Pharmacists can immediately start promoting immunizations to provide new

1 business to its Pharmacies. A copy of the PAID Tool Kit is attached to the Second
2 Amended Complaint as Exhibit 3 and has been filed under seal pursuant to Order of the
3 Court, and by reference thereto is incorporated herein. See Ex. "3", Doc. #25-1, p. 9
4 (Sealed).

5 12. The Introduction, as well as Module 1, of the Training Course (the "Module"),
6 which were both given to me as part of the Training Course that I took, both state how
7 immunizations are part of a Pharmacist's job. A copy of the Introduction, and the
8 pertinent portion of Module 1, is attached hereto, marked Exhibit 6 and by reference
9 thereto incorporated herein.

10 13. Wal-Mart job descriptions for Pharmacy Managers and Staff Pharmacists, both
11 of which positions I have held, clearly state that being Immunization Certified is a
12 preferred job requirement. Moreover, recent Wal-Mart job postings for both Pharmacy
13 Managers and Staff Pharmacists state that Immunization Certification is either a preferred
14 qualification, or a minimum qualification. A copy of the job descriptions for Pharmacy
15 Managers and Staff Pharmacists are attached hereto, collectively marked Exhibit 7 and
16 by reference thereto incorporated herein, and a copy of the job postings for Pharmacy
17 Managers and Staff Pharmacists are attached hereto, collectively marked Exhibit 8, and
18 by reference thereto incorporated herein.

19 14. The only employees at Wal-Mart stores who are able to give immunizations
20 are Pharmacists. No other store employees are certified, or able to become certified, in
21 order to administer immunizations. Only Pharmacists who are certified are qualified to
22 administer immunizations at Wal-Mart stores. As stated previously, the only way a
23 Pharmacist at a Wal-Mart store can become certified is to take the Training Course.

24 15. Between November 22, 2013 and November 29, 2013, I was informed that I
25 had been signed up for the APhA Immunization Certification Course (the "Training
26 Course").

27 16. I did not personally sign up for the Training Course. I received an email some
28 time between on or about November 22 and November 29, 2013, that I was going to be

1 a participant in the Training Course. I did not actually sign up for the Training Course
2 myself, but I believe my District Manager, Fischer, simply signed me up for it.
3 Unfortunately, I do not have a copy of that email.

4 17. In an email from Stephanie Fischer (“Fischer”), a Wal-Mart District Manager,
5 to myself, as well as approximately 30 other Pharmacists, dated December 2, 2013,
6 Fischer forwards to me, and the other Pharmacists, an email from Joann Marie Ordonez
7 (“Ordonez”), a Wal-Mart Pharmacy Manager, who was acting as an IMZ Coordinator for
8 Wal-Mart. In that email, Ordonez states she has been asked a lot of questions by
9 Pharmacists if the 12 hours of self-study that they have to do prior to taking the live class
10 is paid work time. She responds by stating as follows:

11 “The APhA Certification includes 12 hours of self-study (not
12 reimbursable) and 8 hours of live class participation (is paid time).”

13 A copy of said email chain is attached hereto, marked Exhibit 9 and by
14 reference thereto incorporated herein.

15 18. When I found out the Training Course included a 12-hour home study and test
16 portions for which we would not get paid, I called Fischer and told her I didn’t want to
17 take the Training Course. It didn’t make sense to me to have to devote approximately 12 -
18 14 hours to take the self-study and test portions of the Training course and not get paid
19 for it. This is especially true since I would not be making any more money for
20 administering the immunizations, that Wal-Mart would be getting all the revenues for
21 administering the immunizations, and I would be exposing myself to potential deadly
22 diseases and liability exposure.

23 19. Fischer responded by warning me that it was not a “smart” move on my part,
24 that she knew that I wanted to move up in the company and my lack of participation
25 would not sit well with management, that I had to demonstrate that I was a team player
26 and cared about the growth of the company, that my refusal to participate would not set
27 a good example for my staff pharmacists, and that Wal-Mart had already paid for my
28 participation in the course.

1 20. Based on what Fischer said, I did not have a choice if I wanted to keep my
 2 position with Wal-Mart. It was made clear to me that I had to take the Training Course.
 3 Accordingly, I told Fischer that I would take the Training Course.

4 21. Wal-Mart Pharmacists do not receive any additional compensation for
 5 administering immunizations. Administering immunizations is not risk free. Pharmacists
 6 are exposed to potential deadly diseases such as Hepatitis B and C, and AIDS. They are
 7 also exposed to liability if patients experience adverse effects. In addition, it increases
 8 their work load with no additional compensation. If the Training Course were truly
 9 "voluntary" why would Pharmacists bother to take it. The truth is that in real life, the
 10 Training Course was not voluntary. Wal-Mart made it very clear that it expected its
 11 Pharmacists to be Immunization Certified and the only way they could become
 12 Immunization Certified is by taking the Training Course.

13 22. Wal-Mart Pharmacists were pressured by Wal-Mart management to be
 14 Immunization Certified. For example, during conference calls with my then District
 15 Manager, Fischer, she would regularly say to all the Pharmacists on the call, including
 16 myself, that we need more Pharmacists to become Immunization Certified by taking the
 17 Training Course, that it would increase our sales, and that we needed to stay competitive
 18 with our competitors by being able to provide immunizations to our patients. She made
 19 it clear that we would not be part of the "team" and would not be a team player, if we
 20 didn't take the Training Course and become Immunization Certified. She also made it
 21 clear that Wal-Mart expected us to become Immunization Certified by taking the Training
 22 Course. It was obvious to me that if I did not take the Training Course and become
 23 Immunization Certified, I would be perceived as not wanting to be supportive of Wal-
 24 Mart's goals, it would have made me look bad in the eyes of my supervisors, and would
 25 have adversely affected my career.

26 23. **Based upon all of the above, at no time did I believe I had a choice in**
 27 **whether or not to take the Training Course. I was required to take the Training**
 28 **Course. It was not voluntary.**

1 24. On or about February 25, 2014, I participated in a conference call with my
 2 District Manager, Dabney, as well as approximately 10 other Pharmacists. In that
 3 conference call Dabney told us that the financial projections for pharmacies would reflect
 4 an increase in sales and that Wal-Mart expected immunizations to account for a good part
 5 of the increase and boost sales in our Pharmacies. Prior to that conference call, Dabney
 6 provided me, as well as the other Pharmacists, with her notes for the conference call,
 7 which were to reflect what was to be discussed during the call. A copy of said notes will
 8 be filed concurrently herewith, under seal, as Exhibit 10, and by reference thereto
 9 incorporated herein.

10 25. On November 5, 2014, I spoke to JoLynn Coleman, a Wal-Mart employee who
 11 works in the home office of Wal-Mart and is a point person for questions regarding
 12 immunizations. I asked her how many Wal-Mart Pharmacists there were and how many
 13 had taken the Training Course. She told me that there are about 15,000 Wal-Mart
 14 Pharmacists nationwide and so far about half had taken the Training Course. I then said
 15 so about 7,500 have taken the Training Course, and she said yes, I would say so.

16 26. I have spoken to numerous other Wal-Mart Pharmacists regarding whether or
 17 not they were also required to take the Training Course. To a person, they each told me
 18 in sum and substance, that the Training Course was not voluntary and Wal-Mart made it
 19 clear that they were required to take it. These Pharmacists whom I spoke to include,
 20 Huyen Pham (“Pham”), Khawala Abuelhija (“Abuelhija”), Shermineh Mirghaffari
 21 (“Mirghaffari”), Atousa Najafian (“Najafian”), Sarah Pham (“Sarah”), Sahba Christensen
 22 (“Christensen”), and Cindy (whose last name I do not know, who is a Wal-Mart
 23 Pharmacist in Florida).

24 27. I also spoke to numerous Pharmacists in other states. Although I did not get
 25 the names of each of these Pharmacists, I do have their phone numbers. Each of these
 26 Pharmacists advised me, in sum and substance, that the Training Course was not
 27 voluntary and that they were required to take it. There was not one single exception. In
 28 fact, I spoke to 10 Wal-Mart Pharmacists located in ten different states and I got the same

1 response from each of them. Simply put, they all said that they were required to take the
 2 Training Course and that it was not voluntary. Although I did not get the full names of
 3 the Pharmacists that I spoke to, I did speak to Cindy in Florida, as well as Lisa in
 4 Alabama, and Scott in Alaska. A list of the phone numbers I called for the Pharmacists
 5 in other states, will be filed concurrently herewith, under seal, as Exhibit 11, and by
 6 reference thereto is incorporated herein. (Some handwritten notes from myself to my
 7 attorneys have been redacted on grounds of attorney client privilege.) I stopped calling
 8 after speaking to ten Pharmacists, in ten different states, because they all told me the same
 9 thing, which was that the Training Course was not voluntary and that they had to take it.

10 28. I also communicated with Pharmacists who are employed by Sam's Club. The
 11 reason I called the Pharmacists employed by Sam's Club is because Sam's Club is wholly
 12 owned by Wal-Mart and I was curious to find out if they paid their Sam's Club
 13 Pharmacists for the home study and test portions of the Training Course. Specifically, I
 14 emailed Tinh Nguyen, a Sam's Club Pharmacist who I know, to ask him if Sam's Club
 15 paid for the 12-hour study portion of the Training Course. He replied back in an email
 16 that "we" (meaning himself and other Sam's Club Pharmacists) got paid for 10 hours for
 17 the study and to pass the exam (meaning the home study and test portions) of the Training
 18 Course, and also 10 hours for the APhA training (meaning the live classroom portion).
 19 A copy of my email to Tinh and his email replying to me, setting forth the above, is
 20 attached hereto as Exhibit 12 and by reference thereto incorporated herein.

21 29. I also asked another Sam's Club Pharmacist, named Phong, if he got paid for
 22 the 12-hour home study portion of the IMZ Training in addition to the 8-hour class and
 23 if he got paid for a total of 20 hours. He replied, via text, "Yep, because it took a long
 24 time to read the materials and do the online exam." A copy of the text message from me
 25 to Phong and from him to me reflecting the above is attached hereto, marked Exhibit 13,
 26 and by reference thereto incorporated herein. It should be noted that although the text
 27 refers to him as "Wal-Mart Phong" that was because that is how I had him in my phone
 28 contacts even though he is employed by Sam's Club. I referenced him as "Wal-Mart

1 Phong" because I sometimes used him to cover in my Pharmacy because Sam's Club
2 Pharmacists sometimes worked occasionally in a Wal-Mart Pharmacy, to fill in if no Wal-
3 Mart Pharmacist was available. In addition, I spoke to another Sam's Club Pharmacist,
4 Kevin, whose last name I do not know. As with Tinh and Phong, he confirmed that he
5 had taken the Training Course and had gotten paid by Sam's Club, not only for the 8-hour
6 live classroom portion, but also for the self-study and test portions of the Training Course.
7 Kevin is located at Sam's Club Store, 6615, in Fountain Valley, California.

8 30. After I learned that the Sam's Club Pharmacists got paid for the self-study and
9 test portions of the Training Course, I phoned my Manager, Fischer, who is Wal-Mart's
10 District Manager, advised her that Wal-Mart paid its Pharmacists for Sam's Club for the
11 home study and test portions of the Training Course, and asked her why we didn't get
12 paid. She said that she would follow-up with Anthony Chung ("Chung"), my Regional
13 Manager, and get back to me. I then forwarded to her the email I received from Tinh
14 confirming that Sam's Club Pharmacists got paid for the home study and test portions of
15 the Training Course and Fischer replied to me that she had already told Chung about the
16 fact that we need to look into it and he said he would get back to her, and that other
17 people brought this to his attention as well. However, I never received a response from
18 either Chung or Fischer as to why Wal-Mart paid its Sam's Club Pharmacists for the
19 home study and test portions of the Training Course, but didn't pay its Wal-Mart
20 Pharmacists for the same home study and test portions of the same Training Course.

21 31. On January 28, 2014 I also told Todd Cromedy, a Global Ethics Investigator
22 employed by Wal-Mart, that Wal-Mart paid its Sam's Club's Pharmacists for taking the
23 home study and test portions of the Training Course but didn't pay me or the other Wal-
24 Mart Pharmacists. He then forwarded my complaint in this regard to Chris Sparks
25 ("Sparks"), who is a Global and Corporate Fraud Investigator for Wal-Mart. Although
26 Sparks contacted me and requested additional information, which I provided, he never got
27 back to me with an answer as to why Sam's Club's Pharmacists got paid for the home
28 study and test portions of the Training Course and Wal-Mart's Pharmacists did not.

1 32. On September 11, 2014, I had a conference call with Paresh Patel ("Patel"),
2 a Wal-Mart Divisional Manager, Alfred Rodriguez ("Rodriguez"), Wal-Mart HR
3 Director, and Tene Green, a Wal-Mart Senior HR Manager. I brought up several of my
4 concerns which had not been addressed, including the lack of compensation for the 12-
5 hour home study and test portions of the Training Course. Rodriguez said that it did not
6 make sense for us not to get paid and he would get back to me. He never did. I then
7 contacted him on September 25, 2014, the day after my termination, and asked him again
8 why we didn't get compensated for the home study and test portions of the Training
9 course. He said he did not have an answer for me, but that he would speak to Patel and
10 get back to me. He never did.

11 33. At no time did any one from Wal-Mart, in response to my complaints in
12 paragraphs 31 and 32 above, ever tell me that I wasn't getting paid for the home study
13 and test portions of the Training course because it was "voluntary."

14 34. The Standard Operating Procedures for Wal-Mart Pharmacists which I was
15 provided during my employment sets forth in detail the procedures to be followed for
16 Wal-Mart Pharmacists to provide immunizations for Wal-Mart customers. A copy of the
17 pertinent portion of said Standard Operating Procedures is attached to the Second
18 Amended Complaint as Exhibit 8. (See Ex. 8, Doc. #37.)

19 I hereby declare under penalty of perjury under the laws of the United States of
20 America and the State of California that the foregoing is true and correct. Executed on
21 June 11, 2015 at Irvine, California.

Afrouz Nikmanesh

Declaration Afruz Final1.wpd

TO BE FILED UNDER SEAL

EXHIBIT 1

EXHIBIT 2

Certificate Training Program Goals

The purpose of this educational program is to:

1. Provide comprehensive immunization education and training.
2. Provide pharmacists with the knowledge, skills, and resources necessary to establish and promote a successful immunization service.
3. Teach pharmacists to identify at-risk patient populations needing immunizations.
4. Teach pharmacists to administer immunizations in compliance with legal and regulatory standards.

Certificate Training Program Description

PHARMACY-BASED IMMUNIZATION DELIVERY is an innovative and interactive practice-based educational program that provides pharmacists with the skills necessary to become primary sources for vaccine advocacy, education, and administration. The program reviews the basics of immunology, identifies legal and regulatory issues pharmacists must consider before starting an immunization program, and focuses on practice implementation.

PHARMACY-BASED IMMUNIZATION DELIVERY is conducted in two parts: the self-study and the live training seminar. To earn a *Certificate of Achievement*, participants must complete all components of the program, including the self-study, the self-study assessment, the PHARMACY-BASED IMMUNIZATION DELIVERY live training seminar, the final examination, and the injection technique assessment. All participants are strongly encouraged to obtain cardiopulmonary resuscitation (CPR) or basic cardiac life support (BCLS) certification. However, certification is not a prerequisite of the program. A *Certificate of Achievement* is awarded to participants who successfully complete all program requirements. The *Certificate of Achievement* is invalid, however, without written proof of current CPR or BCLS certification.

Activity Type: Practice-based

Target Audience: Pharmacists in all practice settings

Self-Study Description and Learning Objectives

The first part—the self-study learning modules—is meant to ensure that all participants have an understanding of vaccine-preventable diseases and the role of pharmacists as vaccine advocates and administrators. As you work through the self-study modules, you will build your knowledge base about the practice of immunizations. There are five learning modules as noted below:

- **Module 1. Pharmacists as Vaccine Advocates** discusses the role of a pharmacist as a vaccine advocate. At the completion of this activity, participants will be able to:
 - Describe the current status of vaccine-preventable diseases in the United States and the effects of immunizations on morbidity and mortality rates.
 - Identify potential opportunities for pharmacists to become involved in immunization delivery and explain the advantages of pharmacy-based immunization programs.
 - List key resources available for immunization providers and educators.
 - Compare available resources of immunization information and identify resources of particular value to the pharmacist's own practice site.
- **Module 2. Immunology** reviews the basic concepts of immunology and the role of vaccines in eliciting an immune response. At the completion of this activity, participants will be able to:
 - Identify the differences between active and passive immunity.
 - Explain how vaccines elicit an immune response and provide protection from diseases.
 - Describe the differences between live attenuated and inactivated vaccines.
 - Classify the vaccines available on the U.S. market as live attenuated or inactivated.

EXHIBIT 3

From: Vivian Nguyen <nguyenhvivian@gmail.com>
Date: October 7, 2014 9:40:45 AM PDT
To: "wasahbie@msn.com" <wasahbie@msn.com>,
"kabuelhija@hotmail.com" <kabuelhija@hotmail.com>,
juliantran@yahoo.com, pmojaver@hotmail.com, Jennifer Trinh
<jennifertrinh15@hotmail.com>, janine.henson@gmail.com, tammy
park <tpark725@gmail.com>, ppvba47@aol.com,
derekquan@yahoo.com, atousa_t@yahoo.com, Susan
<sarmino@att.net>, Vivian Nguyen <nguyenhvivian@gmail.com>
Subject: IMZ Training on October 29, 2014 in San Diego, CA

Team,

I am excited to meet with you at the live immunization training session on Wednesday, October 29 in San Diego, CA. Please review the attached documents to ensure that you are prepared for the course.

Please bring a copy of your self-study certificate of completion to the live session for entry. Certificates will no longer be available on pharmacist.com. Your CEs will be housed on the NABP website under CE Monitor. It takes 48-72 hours to appear. If your certificate of completion is not updated on NABP prior to the live session, you can screen print the confirmation on pharmacist.com that shows you passed as proof of completion.

If you have any questions, please let me know. Thank you!

<https://blu175.mail.live.com/ol/mail.mvc/PrintMessages?mkt=en-us>

11/21/2014

<https://blu175.mail.live.com/ol/mail.mvc/PrintMessages?mkt=en-us>

11/21/2014

P000087

TO BE FILED UNDER SEAL

EXHIBIT 4

EXHIBIT 5

RE:

Page 1 of 1

MaryAnn Dabney

Sent: Wednesday, December 03, 2014 4:49 PM

To: [REDACTED]

Thank you [REDACTED]

Beginning in Feb 2015, Walmart will only hire pharmacists who are IMZ certified.

Our current company goal is to have two immunizing pharmacists per store.

So currently you are not required to do this, but of course we are encouraging it as it helps us care for our patients' needs.

Please let me know if you have any additional questions or if you are interested in signing up for any of the classes. Both APHA and CPR are required in order to immunize.

Thanks for reaching out!

MaryAnn Dabney, CFI

Market Health & Wellness Director Market 70

Orange County, Southern California

P000088

EXHIBIT 6



A NATIONAL CERTIFICATE
PROGRAM FOR PHARMACISTS

Module 1
Pharmacists as Vaccine Advocates



American Pharmacists Association®
Improving medication use. Advancing patient care.

Module 1: PHARMACISTS AS VACCINE ADVOCATES



Learning Objectives

At the completion of this application-based activity, the participant will be able to:

- 1.1 Describe the current status of vaccine-preventable diseases in the United States and the effects of immunizations on morbidity and mortality rates.
- 1.2 Identify potential opportunities for pharmacists to become involved in immunization delivery and explain the advantages of pharmacy-based immunization programs.
- 1.3 List key resources available for immunization providers and educators.
- 1.4 Compare available resources of immunization information and identify resources of particular value to the pharmacist's own practice site.

Introduction

Immunizations are considered one of the greatest public health achievements in the United States during the last century.¹ Immunization programs have nearly eliminated many of the vaccine-preventable diseases that were once common in the United States.² In fact, routine vaccinations have prevented so much disease and averted so many deaths that many people may not even be aware of the devastation that can be caused by these diseases. Despite the current successes, it is only through ongoing immunization efforts that vaccine-preventable diseases will remain under control. If we become complacent in our vaccination efforts, these diseases may reappear and cause significant morbidity and mortality.

Almost two decades ago, pharmacists began their modern-day involvement with immunization services in an effort to provide high-quality pharmaceutical care. Pharmaceutical care is the re-

sponsible provision of drug therapy to achieve definite outcomes that improve a patient's quality of life. In the classic model, four outcomes are cited:³

- Cure a disease.
- Eliminate or reduce symptoms.
- Arrest or slow a disease process.
- Prevent a disease.

Through advocacy, patient education, and vaccine administration, pharmacists can help ward off vaccine-preventable diseases.

As pharmacists expand their practices to integrate medication therapy management (MTM) services, they should consider how immunization services fit into the MTM practice model. The five core elements of providing MTM services include⁴:

- Medication therapy review
- Personal medication record
- Medication-related action plan
- Intervention and/or referral
- Documentation and follow-up

MTM services involve the assessment and evaluation of the patient's complete medication therapy regimen. Because vaccines are medications, a patient's immunization history should be considered when the pharmacist completes a medication therapy review. If a pharmacist identifies a need for vaccination, an action plan can be developed, which may include advocating for the vaccination and recommending a referral or administering the vaccine as allowed by state law. Administered vaccines should be documented as part of the patient's medication record. Immunization services are a logical fit into the MTM practice model.

Pharmacies are uniquely positioned to be centers for the dissemination of vaccine information.⁵⁻¹⁷ Pharmacists in all practice settings can serve as vaccine advocates, providing valuable information to patients about the importance of immunizations and facilitating immunization delivery. Many pharmacists across the country have an opportunity to become directly involved in administering vaccines to their patients. Pharmacy-based immuni-

Table 1.1. Vaccine Accomplishments—United States

Disease	Peak No. of Cases	Year of Peak	Total No. of Cases by Year					% Decrease From Peak
			2006	2007	2008	2009	2010	
Diphtheria	206,939	1921	1	0	0	0	0	100%
Measles	894,134	1941	55	43	140	71	61	>99%
Mumps	152,209	1968	6,584	800	454	1,991	2,528	>95%
Pertussis	265,269	1934	15,632	10,454	10,007	16,858	21,291	>92%
Paralytic poliomyelitis ^a	21,269	1952	0	0	0	1	0	100%
Rubella	2.5 million	1963-1964	11	12	16	3	6	>99%
CRS	-30,000	1963-1964	1	0	1	2	0	>100%
Invasive <i>Haemophilus influenzae</i> type b (Hib)	-20,000	1980s	29	22	30	35	16	>99%
Tetanus	1,560	1923	41	28	19	18	8	>99%
Smallpox	48,164	1900-1904	0	0	0	0	0	100%

^aCaused by wild poliovirus.

CRS = Congenital rubella syndrome

Source: References 18-20.

zation programs provide pharmacists with an opportunity to help address this ongoing public health need.

Vaccine Successes

In the early to mid 1900s, people lived in fear of being stricken with poliomyelitis, diphtheria, smallpox, tetanus, and other devastating diseases. In the 1950s, public swimming pools were closed in the heat of the summer in a futile attempt to stop polio outbreaks from spreading. Today, with very safe and effective vaccines, the rates of disease and death from polio, tetanus, diphtheria, measles, mumps, rubella, *Haemophilus influenzae* type b (Hib), and other diseases are a small fraction of their former levels. TABLE 1.1 highlights the accomplishments of vaccination efforts in the United States, comparing the recent number of cases to the peak number of cases in history.¹⁸⁻²⁰ In addition to decreasing the number of cases of these diseases, the number of hospitalizations and deaths associated with them also have shown significant decreases. However, these accomplishments will persist only if vital immunization programs continue to be conducted. If vaccinations cease, these diseases will undoubtedly return.

For all the work that has been done in the United States, many of these diseases are still endemic in other parts of the world. Only once has a vaccine eradicated a microbe from the planet, allowing vaccination to be discontinued—that virus is smallpox.²¹⁻²³ Smallpox was a devastating disease. About 30% of those who contracted smallpox died and those who survived were often scarred or blinded by the variola virus. In 1796, Edward Jenner developed the process of vaccination to prevent smallpox disease, and the smallpox vaccine gradually reduced the viral menace around the globe. Even so, 10 million people contracted smallpox worldwide in 1966, which resulted in 2 million deaths. A concerted global vaccination effort wiped out the virus completely, and the World Health Organization declared global eradication of smallpox in 1980. In addition to avoiding untold human misery for over 30 years, health care expenditures of \$1 billion each year have been avoided because there is no longer any need to routinely vaccinate people against smallpox.²⁴ Unfortunately, threats of terrorist organizations utilizing smallpox virus as a bioterrorism agent have renewed concerns about the potential for an emergent outbreak of smallpox. To facilitate preparedness for such an event, the Centers for Disease Control and Prevention (CDC) published supplemental recommendations from its Advisory Committee on Immunization Practices (ACIP) that outline a primary strategy on how to respond to a suspected or confirmed case of smallpox to prevent a potential outbreak.²⁵

Vaccine Shortfalls

Infectious diseases such as polio, rubella, tetanus, and Hib are currently kept in check, in part, because pharmacists and other health care professionals provide vaccinations to protect their patients from these diseases. Despite the successes of vaccination efforts across the United States, cases of vaccine-preventable diseases still exist. Nearly 50,000 U.S. adults die each year from vaccine-preventable diseases or complications from the diseases.²⁶ To

put this number into perspective, the incidence would be equivalent to more than 100 jumbo jets crashing each year. Imagine the outcry if two big jets crashed each week.

Together, influenza and pneumonia are the eighth leading cause of death in the United States.²⁷ The CDC recently released a report that included estimates of deaths associated with seasonal influenza in the United States from 1976 to 2007; during these three decades, the annual influenza-related deaths from respiratory and circulatory causes ranged from an estimated low of 3,349 to a high of 48,614.²⁸ The rates of influenza-related hospitalizations and deaths vary substantially from one influenza season to the next, depending on the characteristics of the circulating influenza virus strains. Secondary complications of influenza that a patient may experience, such as pneumonia, are noteworthy. Invasive pneumococcal disease causes approximately 4,800 deaths each year and is responsible for nearly 175,000 hospitalizations annually.²⁹ Despite these statistics, vaccination rates for influenza and pneumococcal disease among U.S. adults have fallen well below the Healthy People 2020 goal of 90%.^{30,31}

Hepatitis B infection is still a major cause of disease in the United States. The hepatitis B virus can cause cirrhosis, end-stage liver disease, and liver cancer. A major concern with hepatitis B is that patients may be unaware they are infected until symptoms of advanced liver disease appear. In 1991, ACIP developed a comprehensive strategy to eliminate hepatitis B virus transmission in this country.^{32,33} One component of this strategy was universal vaccination for all children against hepatitis B and implementation of this recommendation has significantly decreased the rate of hepatitis B in children. However, according to the most recent estimates from the CDC, 43,000 new cases of hepatitis B occurred in the United States in 2007.³⁴ In addition to the new cases of hepatitis B, an estimated 1.4 million people in the United States are chronically infected with hepatitis B. A recent report from the Institute of Medicine (IOM) concluded that hepatitis B is not widely recognized as a serious public health problem despite the prevalence of infection and resulting liver disease.³⁵ The IOM recommends that health care providers be educated about hepatitis B and recognizes that there must be better integration of hepatitis services, including the availability of hepatitis B vaccination, available to patients in the community.

Human papillomavirus (HPV) is the most common sexually transmitted infection.³⁶ Approximately 20 million people in the United States are currently infected with HPV and another 6 million people will become newly infected with HPV each year. HPV is a virus that causes several types of cancer (e.g., cervical, vulvar, vaginal) and genital warts. The American Cancer Society estimates that there will be more than 12,000 new cases of cervical cancer alone and more than 4,200 deaths will be attributed to cervical cancer in 2010.³⁷ Despite the availability of an effective vaccine against HPV, only 26.7% of eligible teenaged girls have received the recommended three doses of HPV vaccine.³⁸

Approximately one in three people will develop herpes zoster during his or her lifetime.³⁹ Herpes zoster can cause significant complications, such as postherpetic neuralgia, which can cause debilitating pain for patients infected with zoster. Although a vaccine is available to prevent herpes zoster, only 10% of eligible

Module 1: PHARMACISTS AS VACCINE ADVOCATES

patients have reported receiving the vaccine.³⁰ Several factors have contributed to the slow uptake of this vaccine, ranging from unique storage requirements, cost concerns for patients, reimbursement issues for providers, and supply limitations.

Each year, fewer than 50 cases of tetanus occur in the United States.²⁶ While this number may not raise much concern, it is important to realize that 10% of these cases usually result in death. Nearly all reported cases of tetanus occur in patients who are not up to date with their vaccinations. Booster doses of tetanus and diphtheria toxoids (Td) are recommended every 10 years to protect people from tetanus and diphtheria.⁴⁰

More than 21,000 cases of pertussis were reported in 2010.²⁰ A common misconception is that pertussis occurs only in children. However, approximately one-third of the cases of pertussis occur in adults.²⁶ Adults who were immunized against pertussis as children have since lost their immunity to the illness and can serve as transmission vectors for the illness. A booster dose of Tdap (tetanus and diphtheria toxoids and acellular pertussis) is currently recommended to replace one booster dose of Td for adolescents and adults to improve protection against pertussis and decrease the risk of transmission of the disease.⁴¹ Despite the availability of Tdap vaccine since 2005, only 50.8% of adults who reported receiving a tetanus vaccine since 2005 reported receiving Tdap.³⁰

A notable example of a substantial increase in pertussis cases is shown in reports to the California Department of Public Health during 2010.⁴² A total of 8,383 cases were reported, representing the highest number of pertussis cases in the state since 1947. Incidence was highest among infants younger than 6 months of age, who were too young to be fully immunized. Ten deaths were reported; all were infants younger than 2 months of age at the onset of the disease and none had received any pertussis-containing vaccines. Despite the availability of effective pertussis vaccines, pertussis continues to be poorly controlled in the United States.

Recent outbreaks of mumps and measles raise public health concerns because these diseases were once controlled by vaccination efforts. A nationwide outbreak of mumps occurred in 2006, with 6,584 cases reported to the CDC.⁴³ This total number of cases was significantly higher than the 314 cases reported in 2005. Another outbreak of mumps occurred in 2009 in the northeastern United States.⁴⁴ The outbreak is reported to have started in a summer camp in New York state from a boy who had visited the United Kingdom, where a mumps outbreak was ongoing. The disease spread to camp attendees and staff members. This outbreak makes evident that contagious diseases can be imported from other countries and quickly spread throughout communities in the United States. An outbreak of measles occurred in 2008, with the CDC receiving 132 reports of measles, up from 43 reported cases in 2007.⁴⁵ Of the 132 cases, 89% were imported from other countries.

The recent outbreaks of mumps, measles, and pertussis demonstrate that vulnerability to these vaccine-preventable diseases still exists. Remaining committed to vaccination efforts nationwide is crucial to continued control of vaccine-preventable diseases and prevention of outbreaks that can cause significant morbidity and mortality. Many of the reported cases in these outbreaks occurred in people who were unvaccinated or inadequately vaccinated. Individuals receiving vaccinations are not only protecting

themselves but they also are helping their communities through "herd immunity," whereby individuals receiving immunizations protect others in the community who do not or cannot receive a vaccination. Only an ongoing commitment to vaccination efforts will keep American children and adults safe.

Americans can be proud of their immunization rates among children. Recent data indicate that immunization rates were 90% or greater for children aged 19 months to 35 months for most of the routinely recommended childhood vaccinations.⁴⁶ However, some young children suffer from major interruptions in their immune protection, leaving them vulnerable to serious diseases. While the majority of interruptions in immune protection occur because parents fail to have their children vaccinated on time, parental concerns about vaccine safety may be contributing to the lack of immunization in young children.

A recent CDC report shows positive progress in increasing immunization rates among adolescents.⁴⁷ However, the rates of immunization with several important vaccines for the adolescent population remain unacceptably low: 53.6% for meningococcal meningitis vaccine and 55.6% for Tdap vaccine. In addition, only 26.7% of eligible adolescent girls have completed all three recommended doses of the HPV vaccine. Based on the results of this report, the Society of Adolescent Health and Medicine encourages increased efforts to fully vaccinate all adolescents.⁴⁷

Evidence shows that members of some minority groups are less likely to be immunized than the rest of the population. U.S. vaccination rates for influenza among adults older than 65 years of age were 50.8% for blacks, 50.6% for Hispanics, and 68.6% for whites; and pneumococcal vaccination rates were 44.8%, 40.1%, and 64.9%, respectively.³⁰ It is important to identify and address the potential factors (e.g., education, age, socioeconomic status) that may account for the disparity in vaccination rates among minority groups.

Despite the significant success of vaccination programs in the United States, the data discussed above reveal that more remains to be done to reduce the toll of vaccine-preventable diseases in this country. If a patient suffers a vaccine-preventable infection, it is a medication-related problem that a pharmacist could have helped prevent.⁴⁸ Vaccines are medications, and pharmacists have the necessary education and responsibility to help people achieve the best outcomes from all medications.

A Historical Perspective of Pharmacy-Based Immunization Delivery

In the late 1800s and early 1900s, pharmacists supplied physicians with smallpox and other vaccines as well as diphtheria and other antitoxins. In later decades, the profession adopted several roles involving immunizations: storage, preparation, distribution, and education.¹⁴ This early involvement of pharmacists with immunology was short-lived. Several factors seem to have limited pharmacy's early efforts with vaccines: the novel route of administration (i.e., injection), a daunting adverse-effect profile (e.g., anaphylaxis, serum sickness), collective purchasing (i.e., by

EXHIBIT 7



Job Description

Pharmacy Manager

This position is responsible for assisting in the operation of a facility. An individual in this position will be expected to perform additional job related responsibilities and duties as assigned and/or as necessary.

Essential Functions

An individual must be able to successfully perform the essential functions of this position with or without a reasonable accommodation.

Oversees the implementation of and participates in community outreach programs and encourages Associates to serve as a good member of the community.

Provides pharmaceutical care to Customers by processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation.

Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas by analyzing and interpreting reports, implementing and monitoring loss prevention and safety controls, overseeing safety, operational, and quality assurance reviews, developing and implementing action plans, and providing direction and guidance on executing Company programs and strategic initiatives.

Ensures confidentiality of information, documentation, and assigned records as required by Company policies, and local, State, and Federal guidelines.

Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.

Provides supervision and development opportunities for Associates in assigned areas by selecting, training, mentoring, assigning duties, providing performance feedback, providing recognition, and ensuring diversity awareness.

Drives sales and profit in the Pharmacy and OTC areas by ensuring effective merchandise presentation, including accurate and competitive pricing, proper signing, in-stock and inventory levels, budgeting and forecasting sales, developing and maintaining cross functional relationships, and assessing economic trends and demographics.

Competencies

An individual must be proficient in each of the competencies listed below to successfully perform the responsibilities of this position.

Quality Patient Care-Facility - Creates a culture of patient care, safety, and accuracy. Communicates clear expectations regarding quality of care and patient safety. Ensures others are held accountable for following Standard Operating Procedures (SOP) and achieving expected quality and patient safety goals. Ensures counseling (providing information related to the health service provided) occurs on new therapy (new items) and as requested by patients or required by practice or state regulations, including appropriate documentation. Analyzes and identifies areas of improvement needed and implements intervention steps to improve team knowledge and focus on patient safety and risk reduction. Promotes reporting and transparency of errors whether actual or patient perceived. Writes timely and effective plans of action focused on identification and correction of root cause.

Compliance Focused Execution-Facility - Creates and fosters an environment centered on health care compliance execution. Actively communicates, trains, and guides the processes for completion and follow-up on compliance initiatives to associates within Health & Wellness and other associates as applicable to the respective health care business. Implements compliance initiatives and priorities and monitors compliance execution by others. Ensures appropriate operational execution of billing procedures, HIPAA compliance adherence, and Standard Operating Procedures (SOP). Utilizes auditing processes to identify compliance issues and implement processes for improvement.

Manages Finances - Demonstrates sound financial management skills, including interpreting, analyzing, and explaining financial data and information. Manages budgets and ensures budgets and financial performance are aligned with business strategic requirements. Ensures assets, liabilities, revenues, and operating expenses are accounted for and reported. Complies with Company financial policies and procedures. Compiles and evaluates financial data to ensure operating procedures meet business needs. Monitors financial data and trends to identify and respond to market changes and other areas of opportunity.

Oversees Inventory Flow - Regularly monitors the inventory flow process to identify merchandise that needs to be ordered. Ensures proper execution of inventory flow processes. Monitors and evaluates the facility to identify and address problems with inventory flow.

Manages Pharmacy Operations - Conducts Associate meetings to identify and respond to their needs, concerns, and issues related to pharmacy products or services and to share information related to new initiatives. Ensures pharmacy operations are aligned with Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures. Ensures adherence to proper policies and procedures for advising on, verifying, and dispensing products and Customer, insurance, and licensure issues. Documents information on changes in pharmaceutical products and procedures, and new ideas, approaches, and processes and shares the information with Associates and Managers.

Judgment: Make Informed Judgments - Uses relevant business metrics, analyses, and reports to measure, monitor, and improve performance. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Looks beyond symptoms to determine the root causes of problems, and identify and implement applicable solutions. Integrates knowledge and expertise in making fact-based recommendations and



Job Description

Pharmacy Manager

decisions.

Customer/Member Centered: Ensure Customer/Member Centered Performance - Analyzes data and information, and develops plans to exceed customer/member expectations. Sponsors initiatives and practices that provide customers/members with desired products, services, and experiences and that grow the business. Ensures customers/members receive the level of service that builds their trust and confidence. Removes barriers to delivering customer/member value, service, and support.

Execution and Results: Ensure Execution and Achieve Results - Conveys a sense of urgency in ways that motivate others to complete responsibilities and achieve goals. Pursues the achievement and alignment of measurable and meaningful goals. Leverages resources and talent to achieve business goals. Ensures others are held accountable for achieving expected results. Prioritizes and balances time, actions, and projects to ensure accomplishment of results. Monitors progress of others and redirects efforts when goals change or results are not met.

Planning and Improvement: Ensure Planning and Improvement - Sets clear expectations, performance measures, and goals, and helps others do the same. Plans for and ensures others have the information, resources, implementation time, and talent needed to accomplish business initiatives. Identifies and plans for improvement in performance using key business metrics.

Influence and Communicate: Build and Influence Team - Develops and communicates logical, convincing reasons, including lessons learned, to build support for one's viewpoints and actions. Involves others in decisions and plans that affect them, when appropriate. Recognizes and rewards team accomplishments, celebrating team and organizational success. Ensures business priorities, change initiatives, and organizational information are communicated in clear and compelling ways. Promotes the exchange of diverse experiences and ideas within own organization.

Ethics and Compliance: Ensure Ethics and Compliance - Actively communicates, trains, and guides associates on compliance with policies and procedures. Maintains an environment that promotes and reinforces the highest standards of integrity and ethics. Anticipates potential issues and takes action to enhance compliance.

Adaptability: Adapt and Learn - Demonstrates creativity and strength in the face of change, obstacles, or adversity. Adapts to competing demands and shifting priorities. Updates knowledge and skills to handle new complexities, challenges, and responsibilities. Seeks exposure to new ideas and perspectives. Identifies and takes steps to improve adaptability and continuous learning capabilities in own organization.

Talent: Manage and Leverage Talent - Develops talent plans for own organization targeted at increasing effectiveness, building diversity, and enhancing bench strength. Manages roles, assignments, and developmental opportunities to maximize organizational performance. Ensures people processes (for example, selection, development, performance evaluation) lead to effective associate performance and desired results throughout own organization. Monitors associate performance and provides constructive feedback that is specific, honest, accurate, and timely. Provides learning opportunities, guidance, and support in the development of associates.

Build Relationships: Network Internally and Externally - Builds trusting, collaborative relationships and alliances with others, inside and outside of the organization. Relates to others in an accepting and respectful manner, regardless of their organizational level, personality, or background. Promotes a team-based work environment that respects, embraces, and values diversity in others.

Physical Activities

The following physical activities are necessary to perform one or more essential functions of this position.

Observes associate, customer, or supplier behavior.

Enters and locates information on computer.

Presents information to small or large groups and individuals.

Communicates effectively in person or by using telecommunications equipment.

Creates documents, reports, etc., using a writing instrument (such as a pencil or pen) or computer.

Grasps, turns, and manipulates objects of varying size and weight, requiring fine motor skills and hand-eye coordination.

Visually verifies information, often in small print.

Reads information, often in small print.

Visually locates merchandise and other objects.

Visually inspects equipment.

Reaches overhead and below the knees, including bending, twisting, pulling, and stooping.

Moves, lifts, carries, and places merchandise and supplies weighing up to 25 pounds without assistance.



Job Description

Pharmacy Manager

Work Environment

Working in the following environment is necessary to perform one or more of the essential functions of this position.

Moves through narrow, confined spaces such as stacks of merchandise or supplies, storage areas, and closets.

May work with substances that require special handling

Works in areas requiring exposure to varying temperatures, extreme heat or cold, and/or wet, damp, or drafty conditions.

Works overnight and on varying shifts as required.

Entry Requirements

Minimum Qualifications

- BS in Pharmacy OR PharmD. Degree OR equivalent EPGEC (NABP)
- Pharmacy license (by job entry date)

Preferred Qualifications

- 1 year U.S. Pharmacy related experience
- Current Immunization certification

Job Description



Pharmacy Manager

Signature

I have read and understand the essential functions for this position and certify that:

I have the ability to perform the essential functions of this position either with or without a reasonable accommodation.

I do not have the ability to perform the essential functions of this position either with or without a reasonable accommodation.

Associate/Applicant Printed Name

Associate/Applicant Signature

Date

Job Description**Staff Pharmacist**

This position is responsible for assisting in the operation of a facility. An individual in this position will be expected to perform additional job related responsibilities and duties as assigned and/or as necessary.

Essential Functions

An individual must be able to successfully perform the essential functions of this position with or without a reasonable accommodation.

Maintains confidential information, documentation, and assigned records as required by Company policies, and local, State, and Federal guidelines.

Provides pharmaceutical care to Customers, including processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation.

Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas by analyzing and interpreting reports, implementing and monitoring loss prevention and safety controls, overseeing safety, operational, and quality assurance reviews, developing and implementing action plans, and providing direction and guidance on executing Company programs and strategic initiatives.

Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.

Competencies

An individual must be proficient in each of the competencies listed below to successfully perform the responsibilities of this position.

Quality Patient Care-Facility - Creates a culture of patient care, safety, and accuracy. Communicates clear expectations regarding quality of care and patient safety. Ensures others are held accountable for following Standard Operating Procedures (SOP) and achieving expected quality and patient safety goals. Ensures counseling (providing information related to the health service provided) occurs on new therapy (new items) and as requested by patients or required by practice or state regulations, including appropriate documentation. Analyzes and identifies areas of improvement needed and implements intervention steps to improve team knowledge and focus on patient safety and risk reduction. Promotes reporting and transparency of errors whether actual or patient perceived. Writes timely and effective plans of action focused on identification and correction of root cause.

Compliance Focused Execution-Facility - Creates and fosters an environment centered on health care compliance execution. Actively communicates, trains, and guides the processes for completion and follow-up on compliance initiatives to associates within Health & Wellness and other associates as applicable to the respective health care business. Implements compliance initiatives and priorities and monitors compliance execution by others. Ensures appropriate operational execution of billing procedures, HIPAA compliance adherence, and Standard Operating Procedures (SOP). Utilizes auditing processes to identify compliance issues and implement processes for improvement.

Manages Pharmacy Operations - Demonstrates and communicates solid working knowledge of pharmaceutical products, records, procedures, and regulations. Monitors and ensures that Company and regulatory standards are met for the pharmacy products and services offered and provided. Upholds Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures for prescriptions, insurance verification and claims, Associate training, and Pharmacist licenses, certifications, and registrations. Evaluates and appropriately responds to issues related to Customer safety and satisfaction, merchandise, insurance, licensure, and training needs. Monitors and ensures adherence to proper procedures and guidelines for advising on, verifying, and dispensing pharmaceutical products.

Customer/Member Centered: Meet Internal and External Customer/Member Needs - Identifies the requirements, expectations, and needs of customers/members. Supports and aligns with initiatives, goals, and actions focused on improving customer/member service. Addresses the concerns and issues of internal and external customers/members. Uses customer/member data, analyses, and insights to improve customer/member-related decisions.

Judgment: Demonstrate Professional Judgment - Researches and integrates relevant information and data, and uses expertise to make recommendations or decisions. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Uses business measures and analyses to identify improvement opportunities. Probes and looks beyond symptoms to determine the root causes of problems and identify possible solutions.

Execution and Results: Focus on Execution and Results - Aligns and pursues work activities to achieve the mission and business priorities of the organization. Shares information, practices, and resources across functions, organizations, and locations to improve performance. Effectively uses existing processes and tools to achieve performance objectives. Uses and explains major process steps to manage time, resources, and challenges to meet goals.

Planning and Improvement: Plan for and Improve Performance - Develops and implements plans, practices, and processes to better achieve organizational goals. Develops contingency plans to manage or eliminate potential problems. Identifies and recommends ways to continually improve and streamline processes and practices.

Influence and Communicate: Build Influence - Develops and presents logical, convincing reasons in support of one's perspectives and initiatives. Proactively shares relevant information and timely updates with appropriate people. Listens attentively and asks questions to ensure understanding. Researches information for and prepares documents and presentations that effectively convey relevant information in a timely manner.



Job Description

Staff Pharmacist

Ethics and Compliance: Model Ethics and Compliance - Complies with policies and procedures. Demonstrates ethical performance. Supports efforts to enforce compliance with policies and procedures.

Adaptability: Adapt Professionally - Demonstrates creativity and strength in the face of change, obstacles, and adversity. Adapts to competing demands and shifting priorities. Updates and shares knowledge and skills to keep current in one's area of expertise. Embraces change and supports its implementation.

Build Relationships: Form Relationships - Builds trusting, collaborative relationships and alliances across functional and organizational boundaries. Relates to others in an accepting and respectful manner, regardless of their organizational level, personality, or background. Collaborates with people from diverse backgrounds, experiences, and functional areas to discover new perspectives.

Physical Activities

The following physical activities are necessary to perform one or more essential functions of this position.

Observes associate, customer, or supplier behavior.

Enters and locates information on computer.

Presents information to small or large groups and individuals.

Communicates effectively in person or by using telecommunications equipment.

Creates documents, reports, etc., using a writing instrument (such as a pencil or pen) or computer.

Grasps, turns, and manipulates objects of varying size and weight, requiring fine motor skills and hand-eye coordination.

Visually verifies information, often in small print.

Reads information, often in small print.

Visually locates merchandise and other objects.

Visually inspects equipment.

Reaches overhead and below the knees, including bending, twisting, pulling, and stooping.

Moves, lifts, carries, and places merchandise and supplies weighing up to 25 pounds without assistance.

Travel

Traveling is necessary to perform one or more essential functions of this position.

Travels domestically to and from multiple facilities or work-sites requiring consecutive overnight stays.

Travels domestically to and from multiple facilities or work-sites during the workday.

Work Environment

Working in the following environment is necessary to perform one or more of the essential functions of this position.

Moves through narrow, confined spaces such as stacks of merchandise or supplies, storage areas, and closets.

May work with substances that require special handling.

Works in areas requiring exposure to varying temperatures, extreme heat or cold, and/or wet, damp, or drafty conditions.

Works overnight and on varying shifts as required.

Entry Requirements

Minimum Qualifications

- Bachelor's Degree in Pharmacy or PharmD. Degree, or equivalent FPGE (NABP)
- Pharmacy license (by job entry date)



Preferred Qualifications

- Current immunization certification

Job Description

Staff Pharmacist



Signature

I have read and understand the essential functions for this position and certify that:

I have the ability to perform the essential functions of this position either with or without a reasonable accommodation.

I do not have the ability to perform the essential functions of this position either with or without a reasonable accommodation.

Associate/Applicant Printed Name

Associate/Applicant Signature

Date

EXHIBIT 8



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[Job Details](#)[Culture](#)**Staff Pharmacist Part Time**

Job Location: Saugus, MA

Position Type
Hourly**Position Description**Part-time hourly Staff Pharmacist in Saugus, MA
Monday-Friday 10am-2pm minimum hours required**Minimum Qualifications**Pharm D.
APHA immunization certified**Additional Preferred Qualifications**

CPR certified

Job Role
Staff Pharmacist Part TimeLocation
SAUGUS

Job ID: 407838BR

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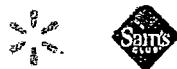
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Walmart Jobs > Healthcare – Pharmacy Jobs > Dallas Healthcare – Pharmacy Jobs

Job Details

Culture

Pharmacy Manager

Job Location: Dallas, TX

Position Type
Salary

Position Description

- Drives sales and profit in the Pharmacy and OTC areas
- Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas
- Ensures confidentiality of information, documentation, and assigned records as required
- Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.
- Oversees the implementation of and participates in community outreach programs and encourages Associates to serve as a good member of the community.
- Provides pharmaceutical care to Customers
- Provides supervision and development opportunities for Associates in assigned areas

Minimum Qualifications

- BS in Pharmacy OR Pharm.D Degree OR equivalent EPGEC (NABP)
- Pharmacy license (by job entry date)

Additional Preferred Qualifications

- 1 year U.S. Pharmacy related experience
- Current Immunization certification

Job Role
Pharmacy ManagerLocation
DALLAS

Job ID: 412953BR

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Walmart Jobs > Healthcare – Pharmacy Jobs > Philadelphia Healthcare – Pharmacy Jobs

Job Details	Culture
Pharmacy Manager	
Job Location: King of Prussia, PA	
Position Type Salary	
Position Description	
<ul style="list-style-type: none"> • Drives sales and profit in the Pharmacy and OTC areas • Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas • Ensures confidentiality of information, documentation, and assigned records as required • Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards. • Oversees the implementation of and participates in community outreach programs and encourages Associates to serve as a good member of the community. • Provides pharmaceutical care to Customers • Provides supervision and development opportunities for Associates in assigned areas 	
Minimum Qualifications	
<ul style="list-style-type: none"> • BS in Pharmacy OR PharmD Degree OR equivalent EPGEC (NABP) • Pharmacy license (by job entry date) 	
Additional Preferred Qualifications	
<ul style="list-style-type: none"> • 1 year U.S. Pharmacy related experience • Current Immunization certification 	
Job Role Pharmacy Manager	
Location KING OF PRUSSIA	
Job ID: 406303BR	
<input type="button" value="APPLY"/>	

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Walmart Jobs > Healthcare – Pharmacy Jobs > Atlanta Healthcare – Pharmacy Jobs

Job Details

Culture

Location

Pharmacy Manager

Job Location: Atlanta, GA

Position Type
Salary**Position Description**

- Drives sales and profit in the Pharmacy and OTC areas
- Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas
- Ensures confidentiality of information, documentation, and assigned records as required
- Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.
- Oversees the implementation of and participates in community outreach programs and encourages Associates to serve as a good member of the community.
- Provides pharmaceutical care to Customers
- Provides supervision and development opportunities for Associates in assigned areas

Minimum Qualifications

- BS in Pharmacy OR PharmD Degree OR equivalent EPGEC (NABP)
- Pharmacy license (by job entry date)

Additional Preferred Qualifications

- 1 year U.S. Pharmacy related experience
- Current Immunization certification

Job Role
Pharmacy ManagerLocation
ATLANTA

Job ID: 409286BR

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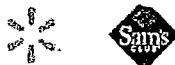
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Walmart Jobs > Healthcare – Pharmacy Jobs > California Healthcare – Pharmacy Jobs

Job Details

Culture

Staff Pharmacist Ca

Job Location: Rancho Cordova, CA

Position Type
Hourly**Position Description**

- Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas
- Maintains confidential information, documentation, and assigned records as required
- Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.
- Provides pharmaceutical care to Customers, including processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation.

Minimum Qualifications

- Bachelor's Degree in Pharmacy or Pharm.D. Degree, or equivalent FPGE (NABP)
- Pharmacy license (by job entry date)

Additional Preferred Qualifications

- Current immunization certification

Job Role

Staff Pharmacist Ca

Location

RANCHO CORDOVA

Job ID: 412859BR

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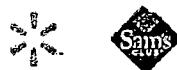
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Walmart Jobs > Healthcare – Pharmacy Jobs > Silicon Valley Healthcare – Pharmacy Jobs

Job Details

Culture

Staff Pharmacist Ca

Job Location: San Jose, CA

Position Type
Hourly

Position Description

- Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas
- Maintains confidential information, documentation, and assigned records as required
- Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.
- Provides pharmaceutical care to Customers, including processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation.

Minimum Qualifications

- Bachelor's Degree in Pharmacy or PharmD, Degree, or equivalent FPGE (NABP)
- Pharmacy license (by job entry date)

Additional Preferred Qualifications

- Current immunization certification

Job Role
Staff Pharmacist-CaLocation
SAN JOSE

Job ID: 394197BR

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EXHIBIT 9

FW: APHA certification class /12 hours study NOT paid for

Page 1 of 2

FW: APHA certification class /12 hours study NOT paid for

Afrouz Nikmanesh - anikman.s05687

Sent: Wednesday, March 26, 2014 10:33 AM

To: Afrouz Nikmanesh - anikman.s05687

From: Afrouz Nikmanesh - anikman.s05687
Sent: Monday, December 02, 2013 2:29 PM
To: Stephanie Fischer
Subject: RE: APHA certification class

Hi Stephanie,

where do I get a hold of the **12 hours self study manual**? Sorry but I was just informed last week that I had been signed up for the class!

Thank you,

Alex

From: Stephanie Fischer

Sent: Monday, December 02, 2013 11:29 AM

To: Anne Le - avle.s04171; Apra Desai - adesai.s02226; Barbara Kepich - blkepic.s05874; Bruce Nguyen - bknguye.s05072; Devang Patel - dkpatel.s02082; Douglas Phan - dqphan.s02110; Duc Tran - dtran.s03477; Hien Tang - htang.s05603; Jonathan Alessi - jcaless.s02948; Kha Nguyen - kbnguye.s03248; Michael Sissac - msissac.s02609; Quang Vu - qvu.s05641; Tuan Nguyen - tnguyen.s05604; Thanh Nguyen - ttnguye.s02251; Thuy-Anh Tran - ttran.s05164; Van Nguyen - vnguyen.s02949; Afrouz Nikmanesh - anikman.s05687; Alvin Vu - aqvu.s02527; Anna Nguyen - anguyen.s05930; Derek Quan - dnquan.s02546; Hala Gourgy - hgourgy.s02218; Jason Berg - jaberg.s02206; Johnny Truong - jtruong.s05601; Karen Nguyen - knguyen.s05639; Mark Wong - mwwong.s02242; Maryann Dabney; Monica Trinh - mttrinh.s05644; Nhut Nguyen - nnguyen.s02495; Pha Nguyen - ptnguye.s02517; Sharon Mullen - stmulle.s02206; Shih Lo - sylo.s05640; Trinhbity Nguyen - tknguye.s05600; Ying Feng Hsu - yhsu.s02636

Subject: FW: APHA certification class

FYI regarding APHA certification

Stephanie Fischer Market Health & Wellness Director #207

Serving Market 465/464

Phone 562.384.5265 Fax 562.425.7295

sbeauch@wal-mart.com

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Lakewood, CA 90712

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From: Joan Marie Ordóñez - jgordon.s03796

Sent: Wednesday, November 27, 2013 4:35 PM

To: Cuper Nguyen - c0nguye; Mark Litzinger; Michael Negrelle - MANEGRE; Art Bock - acbock; Stephanie Fischer; Tammi Sherman; Khoi Le

Cc: Anthony Chung

Subject: APHA certification class

Hello team,

P000073

~ FW: APHA certification class /12 hours study NOT paid for

Page 2 of 2

~ We please forward this to your respective stores. I've been asked a lot of questions by pharmacist if the the 12 hours of self study that they have to do prior to the class is paid work time. Statement below said that only the live class participation is paid time. This can be found in the FAQ from the paid toolkit

The company is providing the APhA certification enrollment, OSHA training, and CE required for refresher training and/or state licensure requirements through the pharmacist's free Pharmacist's Letter subscription. The APhA certification includes 12 hours of self study (not reimbursable) and 8 hours of live class participation (is paid time). Travel time and mileage for attendance to the APhA-live class portion is reimbursed according to Walmart's associate travel policy. Time and travel for CPR training is not reimbursable, nor is time taken for physician's office visits to obtain Hepatitis B vaccines compensated. The pharmacist can be reimbursed at their home store for CPR initial certification, initial state licensure expense, and Hepatitis B immunization expense by showing a valid certificate and invoice to the cash office.

Thanks,
Joan Ordonez, Pharmacy Manager
Walmart SuperCenter
Store 3796 - 1333 N. Mountain Ave. Ontario, CA 91762
Rx phone: 909-321-3172 Rx Fax: 909-321-3166
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TO BE FILED UNDER SEAL

EXHIBIT 10

TO BE FILED UNDER SEAL

EXHIBIT 11

EXHIBIT 12

RE: for YOUR Eye only!

Page 1 of 1

RE: for YOUR Eye only!

Stephanie Fischer

Sent: Friday, December 13, 2013 9:20 AM

To: Afrouz Nikmanesh - anikman.s05687

Thanks, I already told Anthony yesterday we need to look into it, he assured me he would and get back to me. He mentioned other people brought to his attention too.

Stephanie Fischer Market Health & Wellness Director #207
Serving Market 465/464
Phone 562.384.5265 Fax 562.425.7295
sbeauch@wal-mart.com

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Lakewood, CA 90712
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From: Afrouz Nikmanesh - anikman.s05687
Sent: Friday, December 13, 2013 9:04 AM
To: Stephanie Fischer
Subject: for YOUR Eye only!

Good Morning

See below. please do not forward his email or share the info he has provided
thank you,
Alex :)

From: Thinh Nguyen - tnguyen.s06614 → Sam's Club pharmacist
Sent: Wednesday, December 11, 2013 5:46 PM
To: Afrouz Nikmanesh - anikman.s05687
Subject: RE: hey it's me Alex

Hey Alex, how are you? Yes we got paid for 10 hours study and pass the exam and 10 hours for AphA training...I don't know why you guys don't get paid.

By the way, Happy Holidays!

From: Afrouz Nikmanesh - anikman.s05687
Sent: Wednesday, December 11, 2013 6:12 PM
To: Thinh Nguyen - tnguyen.s06614
Subject: hey it's me Alex

Hope all is well. I just heard that you guys got paid for the 12 hour study that we are supposed to do for the AphA immunization process. Is that true? We are NOT getting paid...I am gonna apply for Sam's now!!!!

Thank you,

P000077

EXHIBIT 13

●●●●● Verizon LTE 7:20 PM ⌂ ⌂ ⌂ 44% 🔋

New iMessage

Cancel

To: Walmart Phong

Fri, Sep 12, 8:27 PM

Hey you...how are you?
Kevin said that you guys
got paid for the 12 hour
home study that we had to
do for the IMZ training in
addition to the 8 hour
class...so you guys got
paid for like 20 hours
right?

Yup

Because it took a long
time to read the materials
and do the online exam

I know but they did NOT